BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1)						(Column 2) SMALL EN			NTITY	TITY □ OR		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			64					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUME	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			64 minus 20=		* 44			X\$ 9=		OR	X\$18=	742.0	
INDEPENDENT CLAIMS 5 minus				inus 3 =	= * Z			X42=		OR	X84=	168-6	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter					r "0" in d	column 2	L	TOTAL		OR	TOTAL		
	C	LAIMS AS A) - PAR	TII			101/12		1011	OTHER	THAN		
(Column 1)			MENDE	(Colui		(Column 3)		SMALL E	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ſ	X42=		OR	X84=		
٩	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM			+140=		-	+280=		
			e eg				L	TOTAL		OR	TOTAL		
			•				A	DDIT. FEE	,	OR ,	ADDIT. FEE		
_		(Column 1) CLAIMS		(Colur		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	÷	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	PENDEN	CLAIM		1	+140=		OR	+280=			
							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)										ADDII. FEE		
		CLAIMS	1	HIGH	IEST	(Column 3)	lг	<u> </u>	ADDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=	П	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		ΩB	X84=		
5	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIN		∮			OR			
+140=										OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		her Previously Pa					er fou	nd in the app	propriate box	k in co	lumn 1	•	